

## INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

### FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and signed<br>by the treasurer or designated record keeper  | 3. This Statement covers From: 1/1/05  | вто_12/31/08   |
|---|--|--|
| 1. Committee I.D. Number  | 4. Committee's Mailing Address   |  |
| 138023  | 18905 ENGLAND D  | OR   |
| 2. Committee Name   | MARCOHB TOWNSH   | TO WE AREA S   |
| PROTECT OUR FUTURE - MACOUR   | Area Code and Phone 586 - 203 - 86.  If the address in this box is different from the coorganization, mail may be sent to this address             | ommittee mailing address on the Statement of   |
| 5. Treasurer's Name and Residential Address   | ,  | STORY TO STO |
| NATHAN HLAVIKI  |  |  |
| 18905 ENGLAND OR MACO   | HB HI 48042  |  |
|   |  | 288-903-8833   |
| 6. Treasurer's Business Address   | 7. Designated Record Keeper's Name and Maili<br>Record Keeper)   | ng Address (if the committee has a Designated  |
| 4000 TOWNCENTER JUITE 1406  |  |  |
| SOUTHFIELD MI 48075   |  |  |
| Area Code and Phone   |  | Area Code and Phone  |
| 8. TYPE OF STATEMENT:  APPLICABLE TO INDEPENDENT AND POLITICAL  COMMITTEES REGISTERED ON STATE LEVEL  | APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED  | APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL  |
| 8a. TRIANNUAL STATEMENTS  | ON COUNTY LEVEL  |  |
| Even Year Odd Year  | 8d. ANNUAL STATEMENT  ( ) ( ) Coverage Year)   | 8g. AMENDMENT TO CAMPAIGN STATEMENT  |
|   | 8e. PRE-ELECTION OR  | (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)   |
| July 25 July 25 October 25 October 25   | 8f. POST-ELECTION  Pre-Election or Post-Election   | 8h. DISSOLUTION OF COMMITTEE   |
| 8b.QUARTERLY STATEMENTS   | Statement relates to:  | Effective Date of Dissolution  |
| CAUCUS COMMITTEES (ONLY)  | PRIMARY GENERAL  CONVENTION SCHOOL   | By checking this item, NWe certify that the committee has no asset or outstanding  |
| January 31 April 25   | SPECIAL CAUCUS   | debts, including late filing fees. Further, I<br>request that if the dissolution cannot be<br>granted, that this be considered a request for   |
| July 25 October 25  | Date of Election, Convention or Caucus:  | the Reporting Waiver.  |
| 8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT  |  | Note: The disposition of residual funds must<br>be reported on Schedule 2B and the<br>Summary Page.  |
| A committee that does not have a Reporting Waiver must file all Schedules. Direct contributions, in-kind contributions, loans, export the information listed in items 2, 4, 5, 6 or 7 has changed since the Statement of Organization should accompany this Campaign deadline of a required campaign statement, that campaign s | penditures and outstanding debts count against to<br>the information was shown on the committee's<br>Statement. If a request for a Reporting Waive | he \$1,000 Reporting Waiver threshold. If any  |
| 9. Verification: I certify that all reasonable diligence was used in knowledge and belief the contents are true, accurate and complete.   | the preparation of this statement and attached sete.   | chedules (if any) and to the best of my  |
| Current Treasurer or NATHAN HIAUIN  | , 2h.  | Date 2/9/09  |
| Designated Record Keeper Type or Print Name   | Signature  |  |



1. Committee I.D. Number

138053

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name PROTECT OUR FUTURE MACOND

| INDEPENDENT OR POLITICAL COMMITTEE   |                         | LALONE LALONE THEORY                   |
|--|-------------------------|--|
| RECEIPTS  3. Contributions   | Column I<br>This Period | Column II Cumulative for Calendar Year |
| a. Itemized Contributions<br>(Schedule 2A, Column 6 + Schedule 2A-2, Column 8  | (3a.) \$ 2667.05        |  |
| b. Uniternized (less than \$20.01 each - no Schedule)  | (3b.) \$ NOT APPLICABLE |  |
| c. Subtotal of "Contributions"   | (3c.) \$ 2667.05        | (18.)\$                                |
| 4. Other Receipts (Schedule 2A-1, Column 6)  | (4.) \$                 | (19.) \$                               |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  (Add line 3c + Line 4) IN-KIND CONTRIBUTIONS  | (s) s <u>2667.05</u>    | (20.) \$                               |
| 6. In-Kind Contributions<br>a. Itemized (Schedule 2-IK, Column 7)  | (6a.) \$ 2707.15        |  |
| b. Uniternized (less than \$20.01 each - no Schedule)  | (6b.) \$ NOT APPLICABLE |  |
| 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES  | (7.) \$ <u>2707. [5</u> | (21.) \$                               |
| 8. Expenditures a. Itemized Direct (Schedule 2B, Column 7)   | (8a.) \$ 2653.55        |  |
| b. Iternized Get-Out-the-Vote (Schedule B-G, Column 6)   | (86.) \$                |  |
| c. In-Kind Expenditures- Purchase of Goods or Services<br>(Schedule 2B-2, Column 7)  | (8c.) \$                |  |
| d. Uniternized (less than \$50.01 each - no Schedule)  | (8d.) s <u>2653, 55</u> |  |
| e. Subtotal of Expenditures  | (8c.) \$                | (22.) \$                               |
| 9. Independent Expenditures (Schedule 2B-1, Column 7)  | (9.) s <u>2653.55</u>   | (23.) \$                               |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES   | (10.) \$                | (24.) \$                               |
| 11.in-Kind Expenditures- Endorsements, Donations or Loans of<br>Goods or Services (Schedule 2B-2, Column 8)<br>DEBTS AND OBLIGATIONS | (11.)\$                 | (25.) \$                               |
| Debts and Obligations     a. Owed by the Committee (Schedule 2E)   | (12a.) \$               |  |
| b. Owed to the Committee (Schedule 2E)   | (12b.) \$               |  |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)   | (13.) \$                |  |
| Amount received during reporting period     (Line 5, Total Contributions & Other Receipts - Column I)                                | (14.)+ 2667.05          |  |
| 15. SUBTOTAL Add lines 13 and 14   | (15.) = 2667, 05        |  |
| 16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)   | (16.)- <u>2653.55</u>   |  |
| 17. ENDING BALANCE (Subtract line 16 from line 15)  *If your ending balance is negative, please recheck your math.                   | (17.)\$ 13.50           | *                                      |



## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number

138023

| INDEPENDENT ( | OR POLITICAL | COMMITTEE |
|---------------|--------------|-----------|
|---------------|--------------|-----------|

2. Committee Name

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | name, 6. Amount                                   | 7. Cumulative for<br>Calendar Year for Each<br>Contributor (Through |
|---|---|---|
| 3. Contribution #1 Is this contribution from a PAC?  YES  4. Date of Receipt  3/4/08  | <u>,</u>  | date of receipt)  |
| Name & Address:   | _   |   |
| DESAELE, PHICIS   | \$ <u></u> 2○                                     | \$  |
| 49430 UTICA RD  |   |   |
| STERLING HETS HI 48314  |   |   |
| 5. If over \$100.00 cumulative, please provide:   | Click Here for                                    | Memo Itemization Type   |
| Occupation Employer   | *****   |   |
| Business Address  |   |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |   |   |
| 3. Contribution #2 Is this contribution from a PAC?  YES  4. Date of Receipt 3/4/08  Name & Address:  |   |   |
| RENGERT, KEITH  | s 100   | <u> </u>  |
| 34080 FRUBARO   |   |   |
| RICHHOUD HE 48062   | Click Here for N                                  | lemo Itemization Type   |
| 5. If over \$100.00 cumulative, please provide:   |   |   |
| Occupation Employer   |   |   |
| Business Address  | _   |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   | <del>-</del>                                      |   |
| 3 Contribution #3   |   |   |
| Is this contribution from a PAC?  YES  4. Date of Receipt 317/08  |   |   |
| Name & Address:   | ter me  | 0.00  |
| RENCERT KEITH   | \$ <u>100</u>                                     | \$ 300  |
| 34080 ARHADA RM   | Olimbria e ne                                     |   |
| RICHMOND MI 48062   | Click Here for M                                  | emo Itemization Type  |
| 5. If over \$100.00 cumulative, please provide:   |   |   |
| Occupation COMMISSIONER Employer COUNTY OF MACOMB   | -   |   |
| Business Address ONE S. HAIN ST. NT CUEHONS MI  |   |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   | •   |   |
| 3. Contribution # 4 YES 4 Date of Receipt   | <del></del>                                       |   |
| Is this contribution from a PAC? Same & Address:  |   |   |
| DESAGE PHILIS   | s 25  | s 45  |
| 43430 UTICA RD  |   | emo Itemization Type  |
| STELLING HETS MI 48314  | Office There for two                              | sitto itemization rype  |
| 5. If over \$100.00 cumulative, please provide:   |   |   |
| Occupation Employer   | ···   |   |
| Business Address — — — — — — — — — — — — — — — — — —  | _   |   |
| Type of Contribution: Direct Loan from a person X Fund Raiser   |   |   |
| Page Su   | ubtotai 250                                       |   |
| Grand Total of All Schedul  | les 2A  | -   |
| (Complete on last page of Sch   | · · · · · · · · · · · · · · · · · · ·             | J   |
|   | Enter this total<br>on line 3a of<br>Summary Page |   |

Page 1 of 6



### ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number \_\_

138933

INDEPENDENT OR POLITICAL COMMITTEE

| INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name   |           |  |   |
|--|-----------|--|---|
| Please enter contributor's name and address. If contribution is from an individual, enter last name, first na and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | irne,     | 6. Amount                                  | 7. Cumulative for<br>Calendar Year for Each<br>Contributor (Through |
| 3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 3/15/68 Name & Address:  |           |  | date of receipt)  |
| SESSA, MICHAEL P.<br>39524 CHALT ST  | \$        | 25   | \$  |
| HARTSON TWO HT 48045  5. If over \$100.00 cumulative, please provide:  |           |  |   |
| OccupationEmployer   |           | Click Here for I                           | Memo Itemization Type   |
| Business Address   | -         |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | -         |  |   |
| 3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt  3/15/08  Name & Address:  |           | ·  |   |
| kreger, raiph  | •         | 25   | ¢   |
| 14156 CLEHWOOD PR  | *         |  | <u> </u>  |
| SHELBY TWP HI 48315  5. If over \$100.00 cumulative, please provide:   | C         | lick Here for M                            | lemo Itemization Type   |
| Occupation Employer  |           |  |   |
| Business Address   | -         |  |   |
| Type of Contribution: Direct Loan from a person  |           |  |   |
| 3 Contribution # 3   |           |  |   |
| Is this contribution from a PAC?  YES  4. Date of Receipt 3/15/58  |           |  |   |
| Name & Address:  |           |  |   |
| heneve 'name'  | \$        | a5   | \$  |
| 49699 LEHR DR  |           |  |   |
| MACOHB MI 48044  If over \$100.00 cumulative, please provide:  | CI        | ick Here for Me                            | emo Itemization Type  |
| Occupation Employer  |           |  |   |
| Business Address   |           |  |   |
| Type of Contribution:  |           |  |   |
| Contribution # 4   |           |  |   |
| s this contribution from a PAC? YES 4. Date of Receipt   | _         | e e  |   |
| VOSBURE , DUANE U.   | \$        | 0  | \$  |
| 47395 SUSERBUSH  | Cli       | ck Here for Me                             | mo Itemization Type   |
| CKESTER FIELD ht 48047  5. If over \$100.00 cumulative, please provide:  | <b>3.</b> | on ricid to the                            | mo nemzation Type   |
| Occupation Employer  | _         |  |   |
| Business Address ———————————————————————————————————   |           |  |   |
| Type of Contribution: Direct Loan from a person . Fund Raiser  |           |  |   |
| Page Subtr   | otal 1    | 35   |   |
| Grand Total of All Schedules<br>(Complete on last page of Sched  | 2A        | 92   |   |
|  | ön        | ter this total<br>line 3a of<br>mmary Page |   |

Page 2 of 6



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## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number \_\_\_\_

138023

| INDEPENDENT | OR POL | ITICAL | COMMIT | TEE |
|-------------|--------|--------|--------|-----|
|-------------|--------|--------|--------|-----|

2. Committee Name

| Please enter contributor's name and address. It and middle initial. Check box to indicate if contribution (Both are commonly called PACs).  3. Contribution # 1 | contribution is from an individual, enter last name, first nam<br>ibution is from a Political Committee or an Independent | e, 6. An                           | nount              | 7. Cumulative for<br>Calendar Year for Each<br>Contributor (Through<br>date of receipt) |
|---|---|------------------------------------|--------------------|---|
| Is this contribution from a PAC? YES Name & Address:  | 4. Date of Receipt 3/15/08  |                                    | <u></u> <u>-</u> - | date or receipty  |
| WOZNIAK , OGUGLAS C   |   | \$ 24                              | <del>-</del>       | ¢   |
| DAW POTTHW 1886   | •   |                                    |                    |   |
| SHELBY TWO NT 48  | 316   |                                    |                    |   |
| 5. If over \$100.00 cumulative, please provide  | E C   | Click I                            | Here for N         | femo Itemization Type   |
| OccupationEm  | ployer  |                                    |                    |   |
| Business Address  |   |                                    |                    |   |
| Type of Contribution: Direct  | Loan from a person Fund Raiser  |                                    |                    |   |
| 3. Contribution # 2 Is this contribution from a PAC?  Name & Address:   | 4. Date of Receipt  |                                    |                    |   |
| LA ROUCHE, CI   |   | \$ 6                               | 35                 | \$  |
| 37461 CLUBHOUSE OR  |   |                                    |                    | · · · · · · · · · · · · · · · · · · ·   |
| STERLING HCTS ME 4<br>5. If over \$100.00 cumulative, please provide:   | 18312   | Click H                            | ere for Me         | emo Itemization Type  |
| Occupation Em   | pioyer  |                                    |                    |   |
| Business Address  |   |                                    |                    |   |
| Type of Contribution: Direct  | Loan from a person Fund Raiser  |                                    |                    |   |
| 3. Contribution # 3   |   |                                    |                    |   |
| Is this contribution from a PAC?  | 4. Date of Receipt 3/15/48  |                                    |                    |   |
| Name & Address:   |   | 2.0                                |                    |   |
| aband, darham   |   | s <u> 25</u>                       |                    | <b>\$</b>   |
| 45128 UTICA GREENERS  | ot .  | Clieb Lte                          | 6 . 88             | سير در او   |
| SKELDY TUP HT 483<br>5. If over \$100.00 cumulative, please provide:  | 7   | OIICK THE                          | re lor Me          | mo Itemization Type   |
| Occupation Empl   | oyer  |                                    |                    |   |
| Business Address  |   |                                    |                    |   |
| Type of Contribution: Direct  | Loan from a person Fund Raiser  |                                    |                    |   |
| 3. Contribution # 4   | . Date of Receipt   | <del></del>                        |                    |   |
| SZCZEPADKI, ED  |   | \$                                 |                    | s.  |
| 4057 BRAD FORD  |   | ·                                  |                    | <u> </u>  |
|   | 7   | Click He                           | re for Men         | no Itemization Type   |
| 5. If over \$100.00 cumulative, please provide:   | . (   |                                    |                    |   |
| Occupation CONNITOWOR En  | player COUNTY OF MACGIND  |                                    |                    |   |
| Business Address ChE S . HK   | IN M. CLEHONS HE  |                                    |                    |   |
| Type of Contribution:   | Loan from a person Fund Raiser  |                                    |                    |   |
|   | Page Subtot   | al 39                              | 5                  |   |
|   | Grand Total of All Schedules 2<br>(Complete on last page of Schedul   | A P                                | <u> </u>           |   |
|   |   | Enter this<br>on line 3:<br>Summan | a of               |   |

Page \ of 6

## MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number \_

138053

| "TOE! ENDER! ON! OLITICAL CLIMBILIES | INDEPEND | ENT OR | POLITICAL | COMMITTEE |
|--------------------------------------|----------|--------|-----------|-----------|
|--------------------------------------|----------|--------|-----------|-----------|

2. Committee Name

| Please enter contributor's name and addre<br>and middle initial. Check box to indicate if<br>Committee (Both are commonly called PAG | CONTRIBUTION IS from a Political Comp | ual, enter last name, first name<br>nittee or an Independent   | 6. Amount                             | 7. Cumulative for<br>Calendar Year for Each<br>Contributor (Through  |
|--|---------------------------------------|--|---------------------------------------|--|
| 3. Contribution # 1 Is this contribution from a PAC? YE Name & Address:  | S 4. Date of Receipt 3/1              | 5/08   | <del></del>                           | date of receipt)   |
| HLAVEH, JETF   |                                       |  | s 100                                 | \$   |
| 13543, WINDRIDGE   | CT.                                   |  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  |
|  | ME 48313                              |  |                                       |  |
| 5. If over \$100.00 cumulative, please pr  | ovide:                                |  | Click Here for                        | Memo Itemization Type  |
| Occupation   | _Employer                             |  |                                       |  |
| Business Address   |                                       |  |                                       |  |
| Type of Contribution: Direct   | Loan from a person                    | Fund Raiser  |                                       |  |
| Contribution # 2     Is this contribution from a PAC?  Name & Address:  YE   | S 4. Date of Receipt <u>3/1</u>       | 5/08   |                                       |  |
| TALLES , DANIEL  |                                       |  | s <u>30</u>                           | <u> </u>   |
| 43370 DEVIN  |                                       |  |                                       |  |
| CCIDION TWO MI<br>5. If over \$100.00 cumulative, please pro   | 48038<br>vide:                        |  | Click Here for №                      | femo Itemization Type  |
| Occupation   | Employer                              |  |                                       |  |
| Business Address   |                                       |  |                                       |  |
| Type of Contribution:  Direct  | Loan from a person                    | Fund Raiser  |                                       |  |
| 3. Contribution # 3  |                                       |  |                                       | ····   |
| Is this contribution from a PAC?   | 4. Date of Receipt 3/15               | 2/08   |                                       |  |
| Name & Address:  |                                       |  | 2 7                                   |  |
| connitree to elec  | OT KEITH SADOW                        | 5KI  | <u>\$_ 25_</u>                        | \$   |
| 4759 HAYRAN  |                                       | •  |                                       |  |
| WARREN 17± 4809.  5. If over \$100.00 cumulative, please prov  | Q<br>ide:                             |  | Click Here for Me                     | emo Itemization Type   |
| Occupation   | Employer                              |  |                                       |  |
| Business Address   |                                       |  |                                       |  |
| Type of Contribution: Direct   | Loan from a person                    | Fund Raiser  |                                       |  |
| 3. Contribution # 4 YES  |                                       |  |                                       |  |
| Is this contribution from a PAC?   | 4. Date of Receipt 3/16               | 108  |                                       |  |
| Name & Address:  |                                       | \$   | 100                                   | \$   |
| 38042 H. BOWKAY  | OR                                    |  | Click Here for Me                     | emo Itemization Type   |
| CLIMOU TWP. IN: 5. If over \$100.00 cumulative, please pro   | + 4803C                               |  |                                       | and turning the state of the st |
| Occupation   | Employer                              |  |                                       |  |
| Business Address   |                                       |  |                                       |  |
| Type of Contribution: Direct   | Loan from a person                    | Fund Raiser  |                                       |  |
|  |                                       | Page Subtota   | 1 255                                 |  |
|  |                                       | Grand Total of All Schedules 2, plete on last page of Schedule | A                                     | -  |
|  |                                       |  | Enter this total<br>on line 3a of     |  |

### ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number \_\_\_\_

138053

| THE PROPERTY OF COLUMN ALCOHOM AND A PERSON OF THE | EPENDENT OR POLITICAL COMM | NTTEE |
|--|----------------------------|-------|
|--|----------------------------|-------|

|  | 2. Committee Name  |             |  |   |
|--|--|-------------|--|---|
| Committee (Both are commonly called PACs).                                     | If contribution is from an individual, enter last name, first name tribution is from a Political Committee or an Independent | e,          | 6. Amount  | 7. Cumulative for<br>Calendar Year for Each<br>Contributor (Through |
| 3. Contribution # 1 Is this contribution from a PAC? YES Name & Address:       | 4. Date of Receipt 3/4/c)8   |             |  | date of receipt)  |
| VOSBURG, KATHY D   |  | \$          | 30   | \$  |
| 47395 SUGAR DUTH RD  |  |             |  |   |
|  | 480417<br>de:  |             | Click Here for N                                 | Memo Itemization Type   |
| OccupationE  | mployer  |             | Onor riole lor l                                 | mento nemization Type   |
| Business Address   |  |             |  |   |
| Type of Contribution: X Direct   | Loan from a person Fund Raiser   |             |  |   |
| Contribution # 2     Is this contribution from a PAC?     YES  Name & Address: | 4. Date of Receipt 4/8/08  |             |  |   |
| BABIN, RON   |  | \$_         | 50   | <b>\$</b>   |
| 3511 BOBBIN OR   |  |             |  |   |
| -  | ц\$31 <u>0</u><br>::   |             | Click Here for M                                 | emo Itemization Type  |
| OccupationE  | mployer  |             |  |   |
| Business Address   |  |             |  |   |
| Type of Contribution: Direct   | Loan from a person Fund Raiser   |             |  |   |
| 3. Centribution # 3  |  |             |  |   |
| Is this contribution from a PAC?   | 4. Date of Receipt <u>4 (8 / 38</u>  |             |  |   |
| Name & Address:  |  |             | ,  |   |
| kummer , fred  |  | \$          | <u>50</u>  | \$  |
| 37329 DUNDEE DR  |  |             | <b></b>  |   |
| 576ALEN6 H6T5 DE<br>i. If over \$100.00 cumulative, please provide             | 48310  | ,           | Click Here for Me                                | mo Itemization Type   |
| Occupation Em  |  |             |  |   |
| Business Address   |  |             |  |   |
| Type of Contribution: Direct   | Loan from a person Fund Raiser   |             |  |   |
| 3. Contribution # 4  | 4. Date of Receipt 4(15/08   |             |  |   |
| s this contribution from a PAC?  | <u>115108</u>  |             | 1>   |   |
| SZCZEPWSKI, ED   | •  | \$ <u>-</u> | 60   | <u>s 420</u>  |
| 4057 BRADROED  |  | c           | lick Here for Me                                 | mo Itemization Type   |
| SKELBY TWP NH 48 5. If over \$100.00 cumulative, please provide                | 317<br>:-  |             |  | 2,100   |
| Occupation CCHMTSCHAR 1  | Employer NACOAB CUJUTY   |             |  |   |
| Business Address CWR 50UTH   | MAIN ST. ITT CE HONT   |             |  |   |
| Type of Contribution: Direct   | Loan from a person Fund Raiser   |             |  |   |
|  | Page Subtota   | al          | 320  |   |
|  | Grand Total of All Schedules 2   | <u> </u>    | 880  |   |
|  | (Complete on last page of Schedule   | e)          |  |   |
|  |  | 0           | inter this total<br>n line 3a of<br>iummary Page |   |

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## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number \_

138023

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name

| and middle initial. Check box to indicate if contribution is frommittee (Both are commonly called PACs).  3. Contribution #1  | om a Political Committe                            | enter last name, first name<br>ee or an Independent                                 | 6. Amount  | Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|--|---|--|---|
| is this contribution from a PAC? YES 4. Date of Name & Address:   | of Receipt <u>3/27/</u>                            | 08  |  |   |
| RENGERT, KRITH  |  |   | s_100  | - 700   |
| AGNAHAA 08048   |  |   | \$ 10 <u>0</u>   | s 300   |
| RICHMOND HE 48062   |  |   |  |   |
| 5. If over \$100.00 cumulative, please provide:   |  |   | Click Here for N   | femo Itemization Type   |
| Occupation CUMMISONOR Employer  |  |   |  | •   |
| Business Address S. MAIN 3 Type of Contribution: Direct Loan  | 11, 0001   |   |  |   |
| 3 Contribution #2   | from a person                                      | Fund Raiser   |  |   |
| Is this contribution from a PAC? YES 4. Date of Name & Address:   | of Receipt 3(27 (                                  | 38  |  |   |
| TAX PIGHTOR - MIKE SESSA  |  |   | \$ 122,05  | s   |
| attes holab   |  |   |  |   |
| HAMITSON TWO NE USO   | 42   |   | Click Here for M   | emo Itemization Type  |
| 5. If over \$100.00 cumulative, please provide:   |  |   |  |   |
| Occupation RETTRED Employer   |  |   |  |   |
| Business Address  |  |   |  |   |
|   | from a person                                      | Fund Raiser   | ·  |   |
| 3. Contribution # 3 s this contribution from a PAC?  YES 4. Date of   | Receipt  |   |  |   |
| Name & Address:   |  | <del></del>   |  |   |
| BUCHHOLTZ DEHNITS   |  |   | 00P  | •   |
| 100 TO NOVIZ I TE TO KIT  |  | 3   | , , , ,  |   |
| •   | ) HT USOCI   | •   | <u> </u>   | 2   |
| 22322 CHUAN AUE MAIREN  | 1 post In u  | •   |  | mo Itemization Type   |
| •   | nt 48091   | •   |  | mo Itemization Type   |
| 22322 CHIAN AUE WARREN  If over \$100.00 cumulative, please provide:  | 1 HE 48091   | ,   |  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Doccupation RETTRED Employer   | U HE 48091   |   |  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Doccupation RETTRED Employer  Business Address   | 1  |   |  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Doccupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from   | 1  | Fund Raiser   |  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from Contribution #4  Is this contribution from a PAC?  | a person   | Fund Raiser   |  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from Contribution #4  Is this contribution from a PAC?  Name & Address:   | a person   | Fund Raiser   | Click Here for Me  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4   | a person   | Fund Raiser   |  | mo Itemization Type   |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from Contribution #4  Is this contribution from a PAC?  Name & Address:   | a person   | Fund Raiser   | Click Here for Me  | mo Itemization Type  \$  no Itemization Type                                |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Decupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  Is this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  | a person   | Fund Raiser   | Click Here for Me  | \$  |
| 22322 CHRN AUE WARREN  If over \$100.00 cumulative, please provide:  Description RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  Is this contribution from a PAC? YES  A. Date of Roward & Address:  HLAUTH, NATHAN  6. If over \$100.00 cumulative, please provide:   | a person [eceipt 5/14/(s)                          | Fund Raiser   | Click Here for Me  | \$  |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTREO Employer  Business Address  Type of Contribution: Direct Loan from Contribution #4 Is this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  5. If over \$100.00 cumulative, please provide:  Occupation MR ME MER  Employer                                  | a person   | Fund Raiser   | Click Here for Me  | \$  |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  Is this contribution from a PAC? YES  ADate of Research Address:  HURUTH, NATHAN  6. If over \$100.00 cumulative, please provide:  Occupation MR ME MER  Employer                 | a person [eceipt 5/14/(s)                          | Fund Raiser   | Click Here for Me  | \$  |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Occupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  Is this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  6. If over \$100.00 cumulative, please provide:  Occupation MR MER  Business Address  Guiness Address          | a personeceipt 5/14/(0)                            | Fund Raiser   | Click Here for Me  | \$<br>no Itemization Type   |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Decupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  So this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  5. If over \$100.00 cumulative, please provide:  Occupation MR MER Employer  Business Address  400 TUWN SENTOR | a person Carecipt S/14/07                          | Fund Raiser   | Click Here for Me  | \$<br>no Itemization Type   |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Decupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  So this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  5. If over \$100.00 cumulative, please provide:  Occupation MR MER Employer  Business Address  400 TUWN SENTOR | a personeceipt5/14/(0) CCCBER STE. 1400 n a person | Fund Raiser  SCULTHFTELL  Fund Raiser  Page Subtotal  Ind Total of All Schedules 2A | Click Here for Med  Click Here for Med  1422.05                | \$no Itemization Type   |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Decupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  So this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  5. If over \$100.00 cumulative, please provide:  Occupation MR MER Employer  Business Address  400 TUWN SENTOR | a personeceipt5/14/(0) CCCBER STE. 1400 n a person | Fund Raiser  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$                     | Click Here for Med  Click Here for Med  1422.05                | \$no Itemization Type   |
| 22322 CHRAN AUE WARREN  If over \$100.00 cumulative, please provide:  Decupation RETTRED Employer  Business Address  Type of Contribution: Direct Loan from  Contribution #4  So this contribution from a PAC?  Name & Address:  HURUTN, NATHAN  5. If over \$100.00 cumulative, please provide:  Occupation MR MER Employer  Business Address  400 TUWN SENTOR | a personeceipt5/14/(0) CCCBER STE. 1400 n a person | Fund Raiser  SCULTHFTELL  Fund Raiser  Page Subtotal  Ind Total of All Schedules 2A | Click Here for Med  Click Here for Med  TTT  [422.05]  2667.05 | \$no Itemization Type   |



## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 2-IK 1. Committee I. D. Number 138023

| INDEPENDENT OR POLITICAL COMM   | TTFF 2. Committee Name   |                                   |                          |
|---|--|-----------------------------------|--------------------------|
| 3. Name and Address from whom received  | 4. Type of In-Kind Contribution (Check applicable                      | 7. Amount or                      | 8. Cumulative for        |
| If contribution is from an individual, enter last name first.   | bex)   | Fair Market<br>Value              | Calendar Year            |
| Check box to indicate if contribution is from another Politic<br>Committee or Independent Committee (Both are commons | 5. Date of Receipt   | value                             | (Through date in Item 5) |
| called PACs).   | 6. Name & Address of Vendor from whom goods or services were purchased |                                   |                          |
| Contribution # 1 PAC Receipt? YES   | 4. Endorsement or guarantee of bank loan                               | <b>!</b>                          |                          |
| KEITH RENGERT   | Goods Donated or Loaned  | \$ 5360                           |                          |
| The section   | Services Donated   | 3 00                              | \$                       |
|   | Goods or Services Purchased by Others                                  | Click Here for Mem                | o Itemization Type       |
| If over \$100.00 cumulative, please provide:  | Goods or Services Purchased by Others- LOAN                            |                                   |                          |
| Occupation: Employer Name & Address:  | Description INFO CAROS   |                                   |                          |
| Employer rame & Angless:  | 5. DATE OF RECEIPT: 2/25/08  |                                   |                          |
|   | 6. VENDOR NAME & ADDRESS:  |                                   |                          |
| <b>—</b>  | MAB GRAPICS  |                                   |                          |
| Fund Raiser Contribution  | 67363 S.MAIN ST RICHMON  | (D MI 480(                        | a                        |
| Contribution # 2 PAC Receipt? YES Name & Address:   | 4. Endorsement or guarantee of bank loan                               | 1000                              |                          |
| NATHAN HURUIKI  | Goods Donated or Loaned  | s 4.55                            |                          |
| 14902 ENGLAND OD  | Services Donated   | \$ 3,35                           | \$                       |
| MACOND TOWNSKIP 48042   | Goods or Services Purchased by Others                                  | Click Here for Memo               | Itemization Type         |
| f over \$100.00 cumulative, please provide:   | Goods or Services Purchased by Others- LOAN                            |                                   | . 31-                    |
| Occupation:   | Description VOTER DATA   |                                   |                          |
| Employer Name & Address   | 5. DATE OF RECEIPT: 2/26/08  |                                   |                          |
|   | 6. VENDOR NAME & ADDRESS:  |                                   |                          |
|   | HACOMB COULTY LIERK  |                                   |                          |
| Fund Raiser Contribution  | 11a  |                                   | 5 S                      |
| ontribution # 3 PAC Receipt? YES  | 4. Endorsement or guarantee of bank loan                               | NS HE 41                          | 8043                     |
| Name & Address:   | Goods Donated or Loaned  | 0                                 |                          |
| NATHAN HLAUTH   | Services Donated   | 300                               | \$                       |
| 1890s englaw or   |  | Click Here for Memo               | Itemization Type         |
| TIACOHO TWP 48042   |  |                                   |                          |
| over \$100.00 cumulative, please provide;   | Goods or Services Purchased by Others- LOAN                            |                                   |                          |
| mployer Name & Address  | Description FUNDRAISER   |                                   |                          |
| CIBER INC.  | 5. DATE OF RECEIPT:  |                                   |                          |
| 4000 TOWNCENTER SULTE 1400  | 6. VENDOR NAME & ADDRESS:  |                                   |                          |
| SOUTHFIELD MI 48075   | HAHLIN PUB   |                                   |                          |
| Fund Raiser Contribution  | 48929 HAYES RD<br>SHELDY TWN (TE 493                                   | 15                                |                          |
|   | Page Subtotal  | 358-15                            | ··· <del></del>          |
|   | Grand Total of all Schedules2-IK                                       | 628.12                            |                          |
|   | (Complete on last page of Schedule)                                    | BERNE                             |                          |
|   |  | Enter this total<br>on line 6a of |                          |

Summary Page

Page 1 of 2



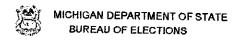
# ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 2-IK

1. Committee I. D. Number 138023

| INDEPENDENT OR POLITICAL COMMI  | TTEE 2. Committee Name  |                         |                                   |
|---|---|-------------------------|-----------------------------------|
| 3. Name and Address from whom received  | Type of In-Kind Contribution (Check applicable box)                               | 7. Amount or            | 8. Cumulative for                 |
| If contribution is from an individual, enter last name first.  Check box to indicate if contribution is from another Politics | 5. Date of Receipt  | Fair Market<br>Value    | Calendar Year<br>(Through date in |
| Committee or independent Committee (Both are commonly called PACs).   | 6. Name & Address of Vendor from whom goods or                                    |                         | Item 5)                           |
|   | services were purchased   |                         |                                   |
| Name & Address:   | 4. Endorsement or guarantee of bank loan  |                         | <u> </u>                          |
| NATHAN HUAVIN   | Goods Donated or Loaned   | s 550                   | ¢                                 |
| 18905 CHRIDAD DR  | Services Donated  |                         | Ψ                                 |
| Chosh dinshal aroau   | Goods or Services Purchased by Others   | Click Here for Mem      | o Itemization Type                |
| If over \$100.00 cumulative, please provide:  | Goods or Services Purchased by Others- LOAN                                       |                         |                                   |
| Occupation:<br>Employer Name & Address:   | Description VOTER DATA  |                         |                                   |
| CIRCO INC   | 5. DATE OF RECEIPT: 4/22/08   |                         |                                   |
| 4000 TOWNEWER SOFE 1400   | 6. VENDOR NAME & ADDRESS:   |                         |                                   |
| _ SOUTH FIELD ME  | DATA SEN  |                         |                                   |
| Fund Raiser Contribution  | 4940 CAMPUS OR 48<br>NEW POART BEACH CA   | 37775                   |                                   |
| Contribution # 2 PAC Receipt? YES Name & Address:   | 4. Endorsement or guarantee of bank loan  | 14687                   |                                   |
| NATHAN ULAUTU   | Goods Donated or Loaned   | ) = 0.0                 |                                   |
| OURLEMA 20181   |   | <u>s 1799</u>           | \$                                |
| MACOURS TWO U8G42   | Services Donated  | Clinic Linux day Starra | h                                 |
| If over \$100.00 cumulative, please provide:  | Goods or Services Purchased by Others Goods or Services Purchased by Others- LOAN | Click Here for Memo     | Itemization Type                  |
| Occupation:   | <del></del>   |                         |                                   |
| Employer Name & Address   | Description ROBO CALLING  |                         |                                   |
| CEBER INC   | 5. DATE OF RECEIPT:   |                         |                                   |
| LITHERMUOT WOOD   | 6. VENDOR NAME & ADDRESS:   |                         |                                   |
| _ SOUTHPIEUD HT 48 075  | ICNIEK CALL   |                         |                                   |
| Fund Raiser Contribution  | 1925 6. 17TH 510+2 BRO  | akitly my               | 11229                             |
| Contribution # 3 PAC Receipt? YES   | 4. Endorsement or guarantee of bank loan  | 34-5 x 11 (             | 11204                             |
|   | Goods Donated or Loaned   | £.                      | e                                 |
|   | Services Donated  |                         | <b>3</b>                          |
|   | Goods or Services Purchased by Others   | Click Here for Memo     | Itemization Type                  |
| f over \$100.00 cumulative, please provide:   | Goods or Services Purchased by Others- LOAN                                       |                         |                                   |
| Occupation:   | Description   |                         |                                   |
| mployer Name & Address  |   |                         |                                   |
|   | 5. DATE OF RECEIPT:   |                         |                                   |
|   | 6. VENDOR NAME & ADDRESS:   |                         |                                   |
| _   |   |                         |                                   |
| Fund Raiser Contribution  |   |                         |                                   |
|   | Page Subtotal   | 2349                    |                                   |
|   | Grand Total of all Schedules2-IK  |                         |                                   |
|   | (Complete on last page of Schedule)   | DRYK 3                  | 707.15                            |
|   |   | Enter this total        | <del>-</del>                      |
|   |   | on line 6a of           |                                   |

Summary Page

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# ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

| INDEPENDENT OR POLITICAL CO   | MMITTEE 2. Committee Name  |                 |  |  |
|---|--|-----------------|--|--|
| Name and address of person or vendor to whom the expenditure was made   | 5. Candidate or Ballot Question Information  | 6. Date         | 7 Amount                               | 8. Cumulative<br>for Election or<br>Election Cycle |
| Expenditure #1  | <u></u>  |                 | <u></u>                                | Election Cycle                                     |
| Name & Address:   | 5  | -1 (            |  |  |
| NATHAN KLAUIN   | Name of Candidate  | 5/14/08         | \$ \$ 4.55                             | \$   |
| 1890S ENGLAND DR  | Office Sought & District # or Jurisdiction   | Date            |  |  |
| MACCHO TWP ME 48042   | <u>OHDAAH</u>  | Ol' I II        |  |  |
| Setting our and a skip of   | County   | Click Hen       | e for Memo Itemi                       | zation Type  |
| 4. Purpose: REITIBURSEMENT VSTEL  | CHARTER  |                 |  |  |
| Fund Raiser   | Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement |                 |  |  |
| Expenditure #2 Name & Address:  | 5.   |                 |  | <del></del>  |
| Name & Address:   |  | Plust 5         | ο.                                     |  |
| NATHAN HLAUEN   | Name of Candidate  | 5(14(08<br>Date | \$ 50G                                 | s 504.55   |
| 18905 ENCLAS PA   | Office Sought & District # or Jurisdiction   |                 |  |  |
| MACOHO THE HE USOUZ   |  | Click Here f    | or Memo Itemiza                        | tion Type  |
| 100 100 100   | County   |                 |  |  |
| 4. Purpose: RETHOUSE TENT   | CHARTER  |                 |  |  |
| Fund Raiser PUNDVATSCA  | Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement |                 |  |  |
| Expenditure #3 Name & Address:  | 5.   | <del></del>     |  |  |
| NATHAN HUAUTAI  | Name of Candidate  | 5/14/08         | <u>\$ 550</u>                          | \$ 854.55  |
| 1890S RHELAND DR  | Office Sought & District # or Jurisdiction   | Date            |  |  |
| shown the ut amount   | MACO NO COUNTY   | Click Here      | for Memo Itemiza                       | ition Type   |
|   | CHARTER  |                 |  |  |
| 4. Purpose: REITBURSEITENT  | - Ballot Proposal  |                 |  | İ  |
| Fund Raiser VSTEAL DATA   | Check box if expenditure is payment of Debt or Obligation reported on previous statement                 |                 |  |  |
| Expenditure #4 Name & Address:  | 5.   |                 | ······································ |  |
| NATHAN HLAUIN   | Name of Candidate  | c/ /            |  |  |
| BY ONALD RD 20P81   | Office Sought & District # or Jurisdiction   | 6/14/08         | \$ 1799                                | \$ 3(5).5Z   |
|   | OHWAN  | Date            |  |  |
| read the ut allower   | County   | Click Here      | for Memo Itemiz                        | ation Type   |
| 4. Purpose: RETAYBUNGEHEAT  | —————————————————————————————————————  |                 |  |  |
| Fund Raiser Rass CALL   | Check box if expenditure is payment of Debt or Obligation reported on previous statement                 |                 |  |  |
|   |  | total this page | 2/52 55                                |  |
| \$653.78  |  |                 |  |  |
| Grand Total of all Schedules 2B (Complete on last page of Schedule) コード |  |                 |  |  |
|   | (  |                 | 2(53.55)                               |  |
| , )   |  |                 | Enter this total on line 8a of the     |  |
| Page of   |  |                 | Summary Page                           |  |